چکیده انگلیسی

Comparison of inhaled (isoflurane) and intravenous (propofol) anesthetic for laparoscopic cholecystectomy surgery

Abstract

Background and objective: ***Recently laparoscopy has become a common surgical procedure. An ideal anesthetic technique should provide a rapid and smooth induction, rapid recovery and minimal postoperative complications. No single ideal technique has been shown for laparoscopy. In this study, we compared the total intravenous (propofol) anesthesia with inhaled (isoflurane) anesthetic for laparoscopic cholecystectomy surgery.***

Matrial and methods: ***In this triple blind clinical trial, 64 patients (ASA class I or II) who undergo laparoscopic cholecystectomy using general anesthesia are blocked randomized into two groups of 32 people (the first group inhalationl anesthesia with isofluran and the second group intravenous anesthesia using propofol). Before anesthesia induction, all patients received 7ml/kg normal saline. In maintenance of anesthesia, for the first group isofluran 1.5% and for the second group propofol 100µg/kg/min administered. In both group, hemodinamic status, time of awakening from the anesthesia, and in the recovery in terms of the incidence of nausea and vomiting and the recovery time of clearance will be evaluated. The patients assessed the incidence and severity of hoarseness one day after surgery.***

Results: ***The incidence of postoperative vomiting in recovery significantly lower in propofol group compared with isofloran group ($p<0.05$). However, hoarseness in 24 hours after anesthesia in propofol group is greater than isofloran group; there was no significant difference between the two groups.***

Conclusion: ***Intravenous anesthesia with propofol and inhaled anesthesia with isofloran is suitable for laparoscopic cholecystectomy. Except vomiting in the recovery room, intravenous anesthesia with propofol has no advantage over inhalation anesthesia.***

Keywords: ***Laparoscopic Surgery, Propofol, Isofloran, Cholecystectomy***